



## **Mesa Police Explorer Post 2055 Applicant Questionnaire**

Thank you for your interest in becoming a member of the Mesa Police Department Explorer Post 2055! Serving your community as a Police Explorer is a fulfilling and rewarding experience that will help you to learn and grow into a responsible young adult. To begin the application process, complete this questionnaire and bring it with you to a meeting.

**Explorer meetings are held every Thursday evening. The meetings begin at 5:30 pm and usually last about three (3) hours. The meetings are held at the City of Mesa Public Safety Training Facility located at 3260 North 40<sup>th</sup> Street in Mesa. Please refer to the attached map.**

The Explorer Program is the best program that young men and women can become involved in if they want to learn about law enforcement. We hope that you will be able to attend a meeting and become a member of this worthwhile and rewarding program.

If you have further questions about the Explorer Program, please call 480-644-4000 or visit our website at [www.mesaaz.gov/police/Explorers](http://www.mesaaz.gov/police/Explorers).

**Name of Applicant:** (Last, First, Middle) \_\_\_\_\_

**Date of Application:** \_\_\_\_\_

## **A few things you should know about the Mesa Police Explorer Post prior to joining:**



You must meet all of the requirements to join the Explorer Program prior to applying, such as: school grades, no serious arrests or convictions, good moral character, etc.

If accepted into the Explorer Program, you will be expected to maintain these standards throughout your stay in the Explorer Post. If you do not maintain these standards, you will be subject to removal from the Program.

If accepted into the Explorer Program, you will be required to purchase a specific pair of uniform boots within one month after your acceptance. These boots will cost about \$60.

If accepted into the Explorer Program, you will be required to maintain grooming standards on hair length and appearance, facial hair and general appearance. These standards are to be met by the next Explorer meeting or activity after you are accepted. These standards will also be maintained throughout your stay in the Explorer Post or you will be subject to removal from the Program.

There is no dating other members of the Explorer Program. Although friendships are made, the Explorer Program is not intended to be used as a dating service or to find boyfriends or girlfriends for you. If it is discovered that members of the Explorer Program are dating, both members will be subject to removal from the Program.

Any occurrence of dishonesty, and/or deception is grounds for immediate termination from the Explorer Program.

If accepted into the Explorer Program, you will be required to accept constructive criticism and occasional discipline. The discipline for minor infractions may include, but is not limited to: memos, push-ups or running stairs. You must be willing to accept and perform the assigned discipline when asked.

The Mesa Police Explorer Program has and maintains high standards. We expect all of our members to be proud of who they are and proud to belong to this organization. We will not make exceptions to our high standards as we do have a reputation to live up to. Therefore, if you do not feel that you are capable of following these simple rules and requirements, we suggest that you reconsider applying for this program.

If you do feel that you can follow these rules and requirements, we invite and welcome your application to become a Mesa Police Explorer.

**READ THE FOLLOWING INFORMATION CAREFULLY AND COMPLETELY**

Those persons responsible for accepting applications into the Mesa Police Explorer Program will evaluate this questionnaire. It will be reviewed as part of a background investigation into your personal history.

ALL APPLICANTS ARE REQUIRED TO COMPLETE THIS QUESTIONNAIRE AND COMPLETE AN INTERVIEW AS PART OF THE APPLICATION PROCESS.

**ANY FALSE, MISLEADING, OR INCOMPLETE INFORMATION OR FAILURE TO FOLLOW INSTRUCTIONS LISTED BELOW WILL BE GROUNDS TO DISQUALIFY YOU FOR MEMBERSHIP IN THE MESA POLICE EXPLORER PROGRAM.**

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**FOLLOW THESE DIRECTIONS CAREFULLY**

Supply all requested information and answer all questions to the best of your ability. **REMEMBER – POLICE WORK IS BASED ON HONESTY AND INTEGRITY.** Answer all questions truthfully and completely. A Continuation Sheet is provided, if you should require additional space for explanations and/or details to any question. Please indicate when answering on a Continuation Sheet.

- USE **BLUE OR BLACK INK** TO COMPLETE THIS QUESTIONNAIRE.
- COMPLETE THE QUESTIONNAIRE IN YOUR OWN HANDWRITING. **DO NOT TYPE.**
- PRINT ALL ANSWERS CLEARLY AND LEGIBLY.
- READ EACH QUESTION CAREFULLY.
- ANSWER EACH QUESTION COMPLETELY AND ACCURATELY.
- ANSWER ALL QUESTIONS.
- IF A QUESTION DOES NOT APPLY TO YOU, WRITE “**N/A**” IN THE BOX.
- IF YOU NEED ADDITIONAL SPACE, WRITE ON THE CONTINUATION SHEET AT THE END OF THIS QUESTIONNAIRE.
- BEFORE RETURNING THIS QUESTIONNAIRE, **READ AND SIGN** THE LAST PAGE. IF YOU ARE UNDER 18 YEARS OLD, YOU MUST ALSO HAVE A PARENT OR GUARDIAN SIGNATURE.

Updated 2/2/15

1. PERSONAL INFORMATION							
LAST NAME		FIRST NAME		MIDDLE NAME	AGE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR		RACE		SEX
HOME PHONE			WORK PHONE			CELL PHONE	
ADDRESS				CITY		STATE	ZIP CODE
E-MAIL ADDRESS			OWN A CAR?	VEHICLE YEAR, MAKE, MODEL, AND COLOR			LICENSE PLATE
DRIVER'S LICENSE/STATE ID #			STATE		EXPIRATION		
FATHER/STEP-FATHER/GUARDIAN NAME					PHONE NUMBER		
ADDRESS					OCCUPATION		
MOTHER/STEP-MOTHER/GUARDIAN NAME					PHONE NUMBER		
ADDRESS					OCCUPATION		

2. MEDICAL INFORMATION	
DO YOU WEAR CONTACTS OR GLASSES? <input type="checkbox"/> NO <input type="checkbox"/> CONTACTS <input type="checkbox"/> GLASSES	
DO YOU HAVE ANY PHYSICAL DISABILITIES? <input type="checkbox"/> NO <input type="checkbox"/> YES – PLEASE DESCRIBE WHAT LIMITATIONS YOU HAVE:	
HAVE YOU BEEN DIAGNOSED WITH ANY MEDICAL CONDITION? <input type="checkbox"/> NO <input type="checkbox"/> YES – PLEASE DESCRIBE:	
ARE YOU CURRENTLY UNDER A DOCTOR'S CARE? <input type="checkbox"/> NO <input type="checkbox"/> YES	ARE YOU CURRENTLY ON ANY PRESCRIBED MEDICATION? <input type="checkbox"/> NO <input type="checkbox"/> YES

3. ADDRESS HISTORY						
STARTING WITH YOUR PRESENT ADDRESS, LIST ALL MAILING ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST FIVE (5) YEARS. DO NOT FORGET TO INCLUDE ZIP CODES.						
DATES		STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
FROM	TO					
	PRESENT					

4. PERSONAL REFERENCES		
LIST THREE (3) REFERENCES (NOT RELATIVES OR FORMER EMPLOYERS) WHO ARE RESPONSIBLE ADULTS, AND WHO HAVE KNOWN YOU WELL FOR AT LEAST THE LAST THREE (3) YEARS.		
NAME	HOME PHONE	CELL PHONE
ADDRESS		OCCUPATION
RELATIONSHIP		HOW LONG KNOWN?
NAME	HOME PHONE	CELL PHONE
ADDRESS		OCCUPATION
RELATIONSHIP		HOW LONG KNOWN?
NAME	HOME PHONE	CELL PHONE
ADDRESS		OCCUPATION
RELATIONSHIP		HOW LONG KNOWN?

5. EDUCATION		
HAVE YOU RECEIVED ANY OF THE FOLLOWING?      HIGH SCHOOL DIPLOMA <input type="checkbox"/> G.E.D. CERTIFICATE <input type="checkbox"/> ARE YOU CURRENTLY ATTENDING SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT SCHOOL ARE YOU ATTENDING? _____ WHAT GRADE ARE YOU CURRENTLY IN? _____      WHAT IS YOUR CURRENT GRADE POINT AVERAGE? _____		
GRAMMAR/MIDDLE SCHOOL ATTENDED		
SCHOOL ADDRESS, CITY, STATE, AND ZIP		
HIGHEST GRADE COMPLETED	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGH SCHOOL ATTENDED/ATTENDING		
SCHOOL ADDRESS, CITY, STATE, AND ZIP		
HIGHEST GRADE <b>COMPLETED</b> <input type="checkbox"/> 9 <sup>TH</sup> (FRESHMAN) <input type="checkbox"/> 10 <sup>TH</sup> (SOPHOMORE) <input type="checkbox"/> 11 <sup>TH</sup> (JUNIOR) <input type="checkbox"/> 12 <sup>TH</sup> (SENIOR)	GRADE AVERAGE <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F - OTHER	IF YOU GRADUATED, WHAT YEAR?
HIGH SCHOOL COUNSELOR'S NAME		HIGH SCHOOL PRINCIPAL'S NAME
MAY WE CONTACT YOUR CURRENT/FORMER COUNSELOR AND PRINCIPAL? <input type="checkbox"/> YES <input type="checkbox"/> NO – PLEASE EXPLAIN WHY:		

5. EDUCATION (continued)	
COLLEGE ATTENDED/ATTENDING	
SCHOOL ADDRESS, CITY, STATE, AND ZIP	
HOURS COMPLETED	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN SUSPENDED, DISCIPLINED OR EXPELLED FROM ANY SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, PLEASE EXPLAIN: _____	
_____	
_____	

6. EMPLOYMENT HISTORY
HAVE YOU EVER BEEN EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YOU HAVE BEEN EMPLOYED BEFORE, HAVE YOU EVER BEEN FIRED, DISMISSED OR ASKED TO RESIGN FROM ANY EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE EXPLAIN: _____
_____
_____

**IF YOU HAVE NOT BEEN EMPLOYED BEFORE YOU MAY SKIP THE FOLLOWING SECTION.  
IF YOU HAVE BEEN EMPLOYED BEFORE, YOU NEED TO COMPLETE THE FOLLOWING SECTION.**

BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST ALL THE PLACES YOU HAVE WORKED. PLEASE KEEP THEM IN PROPER ORDER. LIST ALL EMPLOYMENT, TEMPORARY ASSIGNMENTS, VOLUNTEER SERVICE AND PART-TIME EMPLOYMENT. YOU MUST LIST EVERYTHING, OMIT NOTHING. (IF ADDITIONAL SPACE IS NEEDED, USE THE CONTINUATION SHEET AT THE END OF THIS QUESTIONNAIRE.)			
CURRENT OR MOST RECENT EMPLOYER/BUSINESS NAME			
EMPLOYER ADDRESS, CITY, STATE, AND ZIP			
SUPERVISOR NAME			SUPERVISOR PHONE NUMBER
JOB TITLE		TOTAL HOURS WORKED PER WEEK	
EMPLOYMENT START DATE	EMPLOYMENT END DATE	STARTING SALARY	ENDING SALARY
JOB DUTIES			
MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO – PLEASE EXPLAIN WHY:			

**6. EMPLOYMENT HISTORY (continued)**

EMPLOYER/BUSINESS NAME

EMPLOYER ADDRESS, CITY, STATE, AND ZIP

SUPERVISOR NAME

SUPERVISOR PHONE NUMBER

JOB TITLE

TOTAL HOURS WORKED PER WEEK

EMPLOYMENT START DATE

EMPLOYMENT END DATE

STARTING SALARY

ENDING SALARY

JOB DUTIES

MAY WE CONTACT YOUR EMPLOYER? ☐ YES ☐ NO – PLEASE EXPLAIN WHY:

EMPLOYER/BUSINESS NAME

EMPLOYER ADDRESS, CITY, STATE, AND ZIP

SUPERVISOR NAME

SUPERVISOR PHONE NUMBER

JOB TITLE

TOTAL HOURS WORKED PER WEEK

EMPLOYMENT START DATE

EMPLOYMENT END DATE

STARTING SALARY

ENDING SALARY

JOB DUTIES

MAY WE CONTACT YOUR EMPLOYER? ☐ YES ☐ NO – PLEASE EXPLAIN WHY:

EMPLOYER/BUSINESS NAME

EMPLOYER ADDRESS, CITY, STATE, AND ZIP

SUPERVISOR NAME

SUPERVISOR PHONE NUMBER

JOB TITLE

TOTAL HOURS WORKED PER WEEK

EMPLOYMENT START DATE

EMPLOYMENT END DATE

STARTING SALARY

ENDING SALARY

JOB DUTIES

MAY WE CONTACT YOUR EMPLOYER? ☐ YES ☐ NO – PLEASE EXPLAIN WHY:

## 7. ARREST / CRIMINAL HISTORY

**THE FOLLOWING QUESTIONS PERTAIN TO YOUR EXPERIENCES IN THIS COUNTRY AND ALL OTHER COUNTRIES, AS BOTH A JUVENILE AND AS AN ADULT. DO NOT INCLUDE MINOR TRAFFIC VIOLATIONS. EXPLAIN ANY "YES" ANSWERS IN DETAIL ON THE CONTINUATION SHEET AT THE END OF THIS QUESTIONNAIRE.**

- |  |                             |                              |
|--|-----------------------------|------------------------------|
| A. HAVE YOU EVER HAD ANY CONTACT WITH ANY LAW ENFORCEMENT OFFICIAL?                                  | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| B. HAVE YOU EVER BEEN WARNED ABOUT ANYTHING BY A LAW ENFORCEMENT OFFICIAL?                           | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| C. HAVE YOU EVER BEEN DETAINED BY A LAW ENFORCEMENT OFFICIAL?  | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| D. HAVE YOU EVER BEEN ACCUSED OF A CRIME?  | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| E. HAVE YOU EVER BEEN CHARGED WITH A CRIME?  | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| F. HAVE YOU EVER BEEN ARRESTED?  | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| G. HAVE YOU EVER BEEN CONVICTED OF A CRIME?  | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| H. HAVE YOU EVER BEEN BOOKED INTO JAIL?  | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| I. HAVE YOU EVER RECEIVED A CRIMINAL CITATION?   | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| J. HAVE ANY OF YOUR RELATIVES EVER BEEN CONVICTED OR HELD IN ANY DETENTION FACILITY, JAIL OR PRISON? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| K. HAVE THE POLICE EVER BEEN CALLED TO YOUR HOME FOR ANY REASON                                      | <input type="checkbox"/> NO | <input type="checkbox"/> YES |

**IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, LIST THE INCIDENT BELOW AND MAKE SURE YOU HAVE EXPLAINED THE INCIDENT ON THE CONTINUATION SHEET AT THE END OF THIS QUESTIONNAIRE. BE SURE TO REFER TO THE QUESTION BY ITS LETTER (A THRU K) WHEN EXPLAINING IT. ALL INCIDENTS MUST BE EXPLAINED.**

QUESTION A THRU K	DATE	REASON / CHARGE	LAW ENFORCEMENT AGENCY – CITY/STATE	DISPOSITION / SENTENCE

## 8. DRIVING HISTORY

HAVE YOU EVER HAD A DRIVER'S LICENSE? ☐ YES ☐ NO

HAVE YOU EVER HAD A DRIVER'S LICENSE CANCELED, REFUSED, REVOKED OR SUSPENDED? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PREVIOUS LICENSE ISSUE DATE	TYPE OF LICENSE	EXPIRATION DATE	STATE	LICENSE NUMBER



### 8. DRIVING HISTORY (continued)

HAVE YOU EVER ATTENDED A DRIVER IMPROVEMENT SCHOOL? ☐ YES ☐ NO

IF YES, WHEN? \_\_\_\_\_ WHERE? \_\_\_\_\_

### 9. TRAFFIC VIOLATIONS

LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED. LIST IN CHRONOLOGICAL ORDER, BEGINNING WITH THE MOST RECENT.  
IF YOU NEED ADDITIONAL SPACE, USE THE CONTINUATION SHEET AT THE END OF THIS QUESTIONNAIRE.

MONTH / YEAR	VIOLATION	CITY / STATE	DISPOSITION / RESULT

HAVE YOU EVER BEEN CHARGED WITH DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS? ☐ YES ☐ NO

HAVE YOU EVER BEEN INVOLVED WITH AGGRAVATED, AGGRESSIVE OR RECKLESS DRIVING? ☐ YES ☐ NO

IF YOU ANSWERED "YES" TO EITHER OF THE ABOVE QUESTIONS, EXPLAIN THE INCIDENT IN DETAIL ON THE CONTINUATION SHEET AT THE END OF THIS QUESTIONNAIRE. ALL INCIDENTS MUST BE EXPLAINED.

### 10. DRUG AND ALCOHOL USE

A "YES" ANSWER TO THE FOLLOWING QUESTIONS DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM APPLYING FOR THE MESA POLICE EXPLORER PROGRAM. AN UNTRUTHFUL ANSWER WILL DISQUALIFY YOU.

HAVE YOU EVER CONSUMED ALCOHOLIC BEVERAGES? ☐ YES ☐ NO

DO YOU NOW CONSUME ALCOHOLIC BEVERAGES? ☐ YES ☐ NO

IF YES, WHEN WAS THE LAST TIME? \_\_\_\_\_

WHAT TYPE OF ALCOHOL DID YOU CONSUME? \_\_\_\_\_

HAVE YOU EVER TRIED OR USED ANY NARCOTIC OR DANGEROUS DRUG WITHOUT A DOCTOR'S PRESCRIPTION? ☐ YES ☐ NO

HAVE YOU EVER USED, TRIED, OR EXPERIMENTED WITH ANY OF THE FOLLOWING: (IF YES, COMPLETE THE BOXES TO THE RIGHT)		HOW MANY TIMES?	DATE FIRST USED?	DATE LAST USED?
MARIJUANA	<input type="checkbox"/> NO <input type="checkbox"/> YES			
INHALANTS	<input type="checkbox"/> NO <input type="checkbox"/> YES			
THAI STICKS	<input type="checkbox"/> NO <input type="checkbox"/> YES			
BARBITURATES	<input type="checkbox"/> NO <input type="checkbox"/> YES			
AMPHETAMINES (METHAMPHETAMINE, SPEED, BATH SALTS, ETC.)	<input type="checkbox"/> NO <input type="checkbox"/> YES			
COCAINE / CRACK	<input type="checkbox"/> NO <input type="checkbox"/> YES			

### 10. DRUG AND ALCOHOL USE (continued)

HAVE YOU EVER USED, TRIED, OR EXPERIMENTED WITH ANY OF THE FOLLOWING: (IF YES, COMPLETE THE BOXES TO THE RIGHT)	HOW MANY TIMES?	DATE FIRST USED?	DATE LAST USED?
HEROIN / OPIUM / MORPHINE	<input type="checkbox"/> NO <input type="checkbox"/> YES		
HALLUCINOGENIC SUBSTANCES (LSD, ACID, MUSHROOMS, ETC.)	<input type="checkbox"/> NO <input type="checkbox"/> YES		
PEYOTE / HASHISH	<input type="checkbox"/> NO <input type="checkbox"/> YES		
SPICE / Mescaline	<input type="checkbox"/> NO <input type="checkbox"/> YES		
STEROIDS (OTHER THAN PRESCRIPTION)	<input type="checkbox"/> NO <input type="checkbox"/> YES		
OTHER NON-PRESCRIPTION DRUG / NARCOTIC	<input type="checkbox"/> NO <input type="checkbox"/> YES		
PRESCRIPTION DRUG NOT PRESCRIBED TO YOU	<input type="checkbox"/> NO <input type="checkbox"/> YES		
ALCOHOLIC BEVERAGES	<input type="checkbox"/> NO <input type="checkbox"/> YES		

**IF YOU ANSWERED "YES" TO ANY AREAS ABOVE, EXPLAIN IN DETAIL THE REASON(S) OR MOTIVATION FOR USE AND ANY RELEVANT INFORMATION ON THE CONTINUATION SHEET AT THE END OF THIS QUESTIONNAIRE.**

### 11. ORGANIZATION MEMBERSHIP

**ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF ANY ANTI-GOVERNMENT**

**GROUP OR ORGANIZATION?** ☐ YES ☐ NO

**IF YES, PLEASE EXPLAIN:** \_\_\_\_\_  
 \_\_\_\_\_

**ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OR AFFILIATED WITH A GANG OR AN ORGANIZATION THAT ADVOCATES OR APPROVES IN THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TOWARD PEOPLE OR PROPERTY?**

☐ YES ☐ NO

**IF YES, PLEASE EXPLAIN:** \_\_\_\_\_  
 \_\_\_\_\_

## 12. PERSONAL CONSIDERATIONS

1) HOW DID YOU FIND OUT ABOUT THE EXPLORER PROGRAM?

2) WOULD ANYONE IN YOUR FAMILY OBJECT TO YOU BECOMING A MESA POLICE EXPLORER?

☐ NO

☐ YES – EXPLAIN WHY: \_\_\_\_\_

3) WOULD YOU HAVE ANY PROBLEMS FROM FRIENDS OR NEIGHBORS IF THEY SAW YOU IN A UNIFORM?

☐ NO

☐ YES – EXPLAIN WHY: \_\_\_\_\_

4) WILL YOU BE ABLE TO CONSISTENTLY ATTEND THURSDAY NIGHT MEETINGS?

☐ YES

☐ NO – EXPLAIN WHY: \_\_\_\_\_

5) WILL YOU BE ABLE TO CONSISTENTLY ATTEND WEEKEND FUNDRAISING, COMPETITIONS, AND COMMUNITY SERVICE EVENTS?

☐ YES

☐ NO – EXPLAIN WHY: \_\_\_\_\_

6) WILL YOU BE WILLING TO STYLE AND MAINTAIN YOUR HAIR, CLOTHING, AND JEWELRY TO CONFORM TO MESA POLICE EXPLORER STANDARDS?

☐ YES

☐ NO – EXPLAIN WHY: \_\_\_\_\_

7) WILL TRANSPORTATION TO POST MEETINGS AND/OR EVENTS BE A REGULAR PROBLEM FOR YOU?

☐ NO

☐ YES – EXPLAIN WHY: \_\_\_\_\_

### 13. RELATED EXPERIENCE

1) HAVE YOU EVER APPLIED WITH ANY EXPLORER POST BEFORE (INCLUDING MESA POLICE EXPLORERS)?

☐ NO

☐ YES – WHICH POST(S) AND WHEN DID YOU APPLY? \_\_\_\_\_

IF YOU WERE NOT ACCEPTED INTO ANOTHER POST(S), WHY? \_\_\_\_\_

2) HAVE YOU EVER BEEN OR ARE YOU CURRENTLY IN JR. ROTC?

☐ NO

☐ YES – WHERE, WHAT IS/WAS YOUR RANK, AND RESPONSIBILITIES? \_\_\_\_\_

3) HAVE YOU EVER BEEN A BOY/GIRL SCOUT?

☐ NO

☐ YES

4) HAVE YOU EVER BEEN OR ARE YOU CURRENTLY IN ANY FORM OF THE MILITARY?

☐ NO

☐ ARMY

☐ NAVY

☐ A.F.

☐ MARINES

☐ N.G.

☐ OTHER: \_\_\_\_\_

5) HAVE YOU EVER WORKED FOR A POLICE DEPARTMENT?

☐ NO

☐ YES – WHAT DEPARTMENT? WHAT WAS YOUR POSITION AND RESPONSIBILITIES? \_\_\_\_\_

6) HAVE YOU EVER BEEN A MANAGER, SUPERVISOR, OR AN ASSISTANT MANAGER/SUPERVISOR?

☐ NO

☐ YES – WHAT BUSINESS? WHAT WAS YOUR POSITION AND RESPONSIBILITIES? \_\_\_\_\_

#### 14. POLICE WORK IS BASED ON HONESTY AND INTEGRITY

DO YOU HAVE ANY KNOWLEDGE OR INFORMATION, IN ADDITION TO THAT SPECIFICALLY REQUIRED IN THIS QUESTIONNAIRE, WHICH IS OR MAY BE IMPORTANT, DIRECTLY OR INDIRECTLY, TO AN INVESTIGATION OF YOUR ELIGIBILITY OR FITNESS FOR THE POSITION YOU ARE SEEKING?

THIS INCLUDES BUT IS NOT LIMITED TO: CHARACTER TRAITS, TEMPERAMENT, HABITS, EMPLOYMENT, EDUCATION, ILLEGAL ACTIVITIES, FAMILY ASSOCIATIONS, UNDETECTED CRIMINAL OFFENSES, TRAFFIC VIOLATIONS, RESIDENCE, REFERENCES, PERSONAL CONSIDERATION OR ANY OTHER INFORMATION YOU BELIEVE SHOULD BE DISCLOSED.

☐ NO

☐ YES – EXPLAIN IN DETAIL: \_\_\_\_\_

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#### 15. IN YOUR OWN WORDS...

WHY DO YOU WANT TO BE A MESA POLICE EXPLORER, AND WHAT DO YOU HOPE TO OBTAIN/LEARN FROM THE POST?

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**CONTINUATION SHEET**

**THIS SECTION IS TO BE USED TO CLARIFY OR EXPLAIN ANY PART OF THIS QUESTIONNAIRE. PLEASE INDICATE THE SECTION (SUCH AS EMPLOYMENT HISTORY) AND THE SPECIFIC QUESTIONS ANSWERED BY NUMBER.**

[illegible]

**CONTINUATION SHEET**

**THIS SECTION IS TO BE USED TO CLARIFY OR EXPLAIN ANY PART OF THIS QUESTIONNAIRE. PLEASE INDICATE THE SECTION (SUCH AS EMPLOYMENT HISTORY) AND THE SPECIFIC QUESTIONS ANSWERED BY NUMBER.**

[illegible]

## ACKNOWLEDGEMENT

**READ AND REVIEW THE ENTIRE QUESTIONNAIRE AND ALL OF YOUR ANSWERS BEFORE SIGNING BELOW.**

I, (PRINT NAME) \_\_\_\_\_ AFFIRM THAT HIS QUESTIONNAIRE CONTAINS NO MISREPRESENTATIONS OR FALSIFICATIONS, OMISSIONS, OR CONCEALMENT OF MATERIAL FACT, AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT STATEMENTS MADE BY ME ON THIS QUESTIONNAIRE ARE SUBJECT TO LATER INVESTIGATION. I AM FURTHER AWARE THAT SHOULD ANY INVESTIGATION DISCLOSE ANY MISREPRESENTATION, FALSIFICATION, OMISSION, OR CONCEALMENT OF MATERIAL FACT, MY APPLICATION MAY BE REJECTED AND I WILL NO LONGER BE ELIGIBLE TO BECOME AN EXPLORER WITH THE MESA POLICE DEPARTMENT. IF I HAVE ALREADY BEEN ACCEPTED, I WILL BE SUBJECT TO REMOVAL FROM THE PROGRAM.

I AUTHORIZE THE MESA POLICE DEPARTMENT TO MAKE INQUIRY OF EMPLOYERS AND REFERENCES LISTED ON THE QUESTIONNAIRE REGARDING MY INTEGRITY, REPUTATION AND CHARACTER.

I REALIZE THAT IT IS NECESSARY FOR THE MESA POLICE DEPARTMENT TO THOROUGHLY INVESTIGATE ALL ASPECTS OF MY PERSONAL BACKGROUND AND QUALIFICATIONS. BY APPLYING TO BE A VOLUNTEER WITH THE MESA POLICE EXPLORER POST, I EXPRESSLY WAIVE ALL MY LEGAL RIGHTS AND CAUSES OF ACTION TO THE EXTENT THAT THE MESA POLICE DEPARTMENT INVESTIGATION (FOR PURPOSES OF EVALUATING MY SUITABILITY) MAY VIOLATE OR INFRINGE UPON THE AFOREMENTIONED LEGAL RIGHTS AND CAUSES OF ACTION OF MINE.

I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I AM GIVING THE MESA POLICE OFFICERS OF THIS PROGRAM PERMISSION TO ACCESS MY PUBLIC AND/OR PRIVATE INTERNET ACCOUNTS CONTAINING MY PERSONAL PROFILE (I.E. "FACEBOOK", "TWITTER", ETC.).

THE UNDERSIGNED FURTHER AGREES TO HOLD HARMLESS AND RELEASE FROM LIABILITY, UNDER ANY AND ALL POSSIBLE CAUSE OF ACTION, THE CITY OF MESA, THE MESA POLICE DEPARTMENT, THEIR OFFICERS, AGENTS, AND EMPLOYEES FOR ANY STATEMENTS, ACTS OR OMISSIONS IN THE COURSE OF THE INVESTIGATION INTO MY BACKGROUND, FAMILY, PERSONAL HABITS AND REPUTATION, AND MY MENTAL AND PHYSICAL HEALTH.

I ALSO AGREE TO PARTICIPATE IN THE EXPLORER ACTIVITIES IF ACCEPTED INTO THE MESA POLICE EXPLORER POST. I AGREE TO EXONERATE AND HOLD BLAMELESS THE CHIEF OF POLICE OF THE CITY OF MESA, ITS OFFICERS, ADVISORS, AND EXPLORERS IN THE EVENT OF ANY ACCIDENT OR INJURY WHICH MAY OCCUR AS A RESULT OF MY PARTICIPATION IN THE EXPLORING ACTIVITIES WITH THIS ORGANIZATION.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE



## **PARENTAL ACKNOWLEDGEMENT**

**IF APPLICANT IS UNDER THE AGE OF 18 YEARS OLD, A PARENT  
OR LEGAL GUARDIAN MUST READ AND SIGN THE FOLLOWING.**

**READ THE ENTIRE QUESTIONNAIRE COMPLETED BY YOUR SON / DAUGHTER AND REVIEW  
ALL OF HIS / HER ANSWERS BEFORE SIGNING BELOW.**

I, THE PARENT / GUARDIAN OF \_\_\_\_\_, HAVE READ THE APPLICATION FOR THE MESA POLICE EXPLORER POST AND DO ALSO AGREE WITH THE AFOREMENTIONED STATEMENTS. I ALSO AGREE TO ALLOW MY SON / DAUGHTER TO PARTICIPATE IN THE EXPLORER ACTIVITIES IF HE / SHE IS ACCEPTED INTO THE EXPLORER POST. I ALSO AGREE TO EXONERATE AND HOLD BLAMELESS THE CHIEF OF POLICE OF THE CITY OF MESA, ITS OFFICERS, ADVISORS, AND EXPLORERS IN THE EVENT OF ANY ACCIDENT OR INJURY WHICH MAY OCCUR AS A RESULT OF HIS / HER PARTICIPATION IN THE EXPLORING ACTIVITIES WITH THIS ORGANIZATION.

\_\_\_\_\_  
APPLICANT NAME

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE. WE WILL PROCESS  
YOUR INFORMATION AS QUICKLY AS POSSIBLE. HOWEVER, IT MAY TAKE A MINIMUM OF  
TWO TO THREE WEEKS. THEREFORE, WE ASK THAT YOU PLEASE BE PATIENT.**

**AGAIN, THANK YOU.**

# Mesa Police Training Facility

3260 N 40<sup>th</sup> Street  
Mesa, AZ 85215

